

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/647801 FILING DATE
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1			X		
3	1			1		
4	1		1			
5		2		4		
6	1			X		
7	1			X		
8	1			X		
9		1		X		
10		1		4		
11		2		X		
12		1		4		
13		1		4		
14		1		4		
15		1		4		
16		1		4		
17	1			X		
18		1		1		
19		1		1		
20		1		1		
21		2		1		
22		1		1		
23		1		1		
24		1		X		
25		1		X		
26		1		X		
27		1		X		
28		1		X		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	8		2			
TOTAL DEP.	24		54			
TOTAL CLAIMS	32		56			
51						
52						
53						
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57						
58						
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99						
100						
TOTAL IND.						
TOTAL DEP.	21					
TOTAL CLAIMS						

56
31
77